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DICTATION AND TRANSCRIPTION ANALYSIS STUDY (DATA)(U)
ACADEMY OF HEALTH SCIENCES (ARMY) FORT SAM HOUSTON TX
HEALTH CARE STUDIES DIV P A TWIST ET AL. MAR 82

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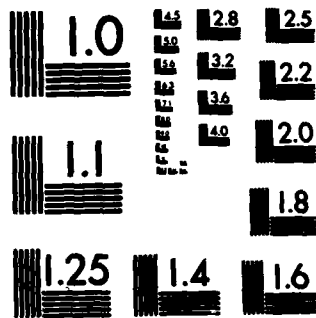
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Interim Consultation Report #82-001

Dictation and Transcription Analysis Study (DATA)

by

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Health Care Studies Division
Academy of Health Sciences
Fort Sam Houston, Texas 78234

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SUMMARY

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The Patient Administration Division, DCSOPS, HSC, requested review and assistance in planning a study to:

1. Determine patient record improvements in the health care delivery process from the standpoint of physicians and consumers;
2. Determine transcription personnel and equipment requirements to support dictation of clinic visit notes; and
3. Demonstrate convincingly and unequivocally that dictation/transcription is more than a "nice to have" service.



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Dictation and Transcription Analysis Study (DATA)

1. Introduction.

a. **Problem.** All physicians, whether a general medical officer holding sick-call in a troop health clinic or a highly skilled specialist evaluating, diagnosing, and treating a patient in the Endocrinology Clinic of a tertiary care facility, must record their observations by personally handwriting them in the patient's treatment record. A study conducted by the Bureau of Medicine and Surgery, Department of the Navy, during the 1970s was instrumental in that service's conducting a study of outpatient dictation at Bremerton Naval Hospital, Bremerton, WA. A similar program in the Army has been stymied by non-recognition of dictation/transcription as a legitimate means of documenting the provision of health services in the ambulatory care setting and the consequent non-recognition of manpower requirements. The rationale for not recognizing dictation/transcription as a mission function has been that, while it is a nice-to-have service, its tangible and intangible benefits have never been definitively documented.

b. **Purpose.** On 14 Oct 81, this division received a request from HSOP-PR, PAD, for a consult. This consultation effort assisted HSC, DCSOPS in identifying appropriate data to be collected, assisted in designing data collection instruments, and identified limitations of quantifiable benefits to be derived from the conduct of the study.

c. **Background and Related Studies:** During the early 1970s, the Bureau of Medicine and Surgery, Department of the Navy, conducted a study of Outpatient Dictation at the Bremerton Naval Hospital, Bremerton, WA. In July 1977, the General Services Administration, installed two Tel-Edisette recorders, 60 touch-tone telephones, three dual mag card automatic typewriters, a supervisor, and three WP operators in its new word processing center. A feasibility analysis had indicated that successful implementation of a dictation system could save \$300,000 in the first five years of operation. Within two years, 140 health care providers had been trained to dictate into the system which had expanded to five CPT 8000 word processors to handle the increased dictation load. Costs had been reduced from an average 14 cents per line to only 7 cents with an average daily operator output of 1,100 lines. However, the greatest dollar savings was in substitution of dictation for most of the laborious handwriting which had been, and still is, the norm at Army medical treatment facilities. One of the earliest Army initiatives originated in August 1972 at Munson Army Hospital, Ft Leavenworth, Kansas with the implementation of a program to provide dictation services for recording physician notes in outpatient records. Five transcribers were able to support 24 physicians in OB/GYN, Pediatrics, Internal Medicine and Surgery. A similar program was established at Lyster Army Hospital, Ft Rucker, Alabama during the mid to late seventies. In December of 1978 the commander, Ft Rucker, formally requested recognition of the function and approval of two manpower spaces for transcription. In the Family Practice Program, applications relating to health care delivery documentation and program evaluation are under continuing development and review. Among these are the Computerized Medical Record Information System, the Family Practice Management System and other TRIMIS coordinated systems. However, each of these systems creates an additional drain on the already scarce physician time and in turn adversely impacts on the quality of outpatient medical records because of physicians time constraints and heavy patient load.

Among authors in the civilian literature, Carpenter (1978) suggests that the volume, output, and costs associated with the transcription of medical records can be calculated and projected in order to effectively/efficiently staff a medical transcription department. Carpenter notes that by identifying a measurable "unit of service" (such as line of transcription completed), determining average lines per report (over time), and projecting workload, a logical basis for sound decision making is established.

2. Objectives.

The objective of the study is to determine whether the quantitative and qualitative benefits of dictating/transcribing outpatient clinic visit notes are of sufficient magnitude to justify the increased manpower, equipment, and operating funds inherent in recognizing dictation/transcription for outpatient services as a mission function.

3. Methodology.

Health Care Studies Division personnel met on several occasions with the HSC project officer to assist in:

- a. Defining the problem.
- b. Establishing study phase sequence.
- c. Designing data collection instruments.
- d. Test-site selection for the actual study.

4. Recommendations.

- a. Recommend a "unit of service" be developed to measure volume, output, and costs.
- b. Recommend that accepted descriptive and inferential statistical analysis and tests be used.
- c. Recommend ongoing consultation services be made available during the conduct of the study scheduled from Jan 82 to Jan 83.
- d. Recommend the following Army medical treatment facilities serve as the study test-sites:

- (1) Brooke AMC.
- (2) D.D. Eisenhower AMC.
- (3) Martin ACH, Ft Benning.
- (4) USACH, Ft Campbell.
- (5) Lyster ACH, Ft Rucker.
- (6) Munson ACH, Ft Leavenworth.

5. Reference:

Carpenter, Wm. W. Developing a unit of service to measure productivity. Hospital Financial Management, Vol 32: 14-18, July 1978.

APPENDIX A

Physician's Log Form

Clinic

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